

SC Dept of Labor, Licensing and Regulation - Board of Dentistry
110 Centerview Drive,
P.O. Box 11329, Columbia, South Carolina 29211-1329
(803) 896-4599; fax (803) 896-4719; www.llr.state.sc.us

APPLICATION FOR LICENSE TO PRACTICE DENTAL SPECIALTY

Application must be fully completed with all requested information and documentation supplied. Application fee of \$300.00 (check or money order only) must accompany application. Application fee is non-refundable and non-transferable. *The application form itself is a public document obtainable under the Freedom of Information Act.*

I HEREBY APPLY FOR: ☐ Specialty License by State Board Examination
☐ Specialty License by American Board Certification

Specialty: ☐ Endodontics ☐ Pediatric Dentistry ☐ Oral and Maxillofacial Surgery
☐ Periodontics ☐ Prosthodontics ☐ Orthodontics and Dentofacial Orthopedics
☐ Oral Pathology

I. Applicant Identifying Information

Complete this section of the form by providing all of the requested information. You must notify the Board office, in writing, of any address changes after you file this application in order to receive further information.

Applicant's Name _____
Last First Middle Suffix (Jr., III)

*Social Security Number _____ U.S. Citizen: ___ Yes ___ No

Preferred Mailing Address _____
Street City State Zip

Home Address _____
Street City County State Zip

Current Office Address _____
Street City County State Zip

Home Phone () _____ Business Phone () _____ Business Fax () _____

Email Address _____

Place of Birth (City, State or Country) _____ Date of Birth MM/DD/YYYY _____ Gender M/ F _____ Race (not required) _____

Military Service: _____ Dates of Service: _____

Honorable / Dishonorable Discharge: _____ If other than Honorable, attach a copy.

Have you ever been known by any names other than what is listed above? ___ Yes ___ No.

If yes, state in full every other name by which you have been known. If change was made by a Court order, enclose notarized copy of order.

Do you need special accommodations in order to take an examination? ___ Yes ___ No. If yes, please specify: _____

APPLICATION FEE: Check or Money Order in the amount of \$300.00 to be made payable to: LLR – Board of Dentistry.
Application fee is non-refundable and non-transferable. Submit application and fee to: SC Department of Labor, Licensing and Regulation – Board of Dentistry, PO Box 11329, Columbia, SC 29211-1329.

II. (A) Pre-Dental and Dental Education Information

Dental College/Institution must be approved by Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of ADA.

NAME OF SCHOOL	LOCATION (City and State or Country)	FROM (Month/Year)	TO (Month/Year)	GRADUATED Yes / No	DEGREE
College					
Dental School					

(B) Internship / Residence Training Information List internship / residency training programs.

INSTITUTION / PROGRAM	LOCATION (City and State or Country)	FROM (Month/Year)	TO (Month/Year)	DID YOU COMPLETE PROGRAM?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

A certified copy of dental specialty transcript must be received by the Board office.

III. Record of Licensure Information

List all states in which you have ever been licensed, active or inactive. Failure to disclose all licenses held may result in denial of your application.

STATE	DATE OF LICENSURE	LICENSE NO.	EXPIRATION DATE	BASIS FOR LICENSURE (State Exam, Regional Exam, National Exam, Credentials)

IV. Dental Practice History. List all activities chronologically since postgraduate training. Vacation periods and periods when dentistry was not practiced must be included. (Use additional sheets of paper if necessary.)

[illegible]

V. Personal History Information

Please respond to all questions. If you answer “Yes” to any question, you must attach a written explanation. In addition, if you answer “Yes” to any question, you may be requested to appear before the full Board to answer additional questions and/or provide additional information.

1. Have you ever had an application for a license / certificate in any health care profession refused or denied by any dental licensing board, health care facility or other entity? ☐ Yes ☐ No
2. Have you ever had any written complaint, formal accusation, final order, disciplinary action or consent order (other than for incomplete hospital charts) filed against you by any person, jurisdiction, hospital, dental society, or dental board? ☐ Yes ☐ No
3. Have you ever had a malpractice lawsuit, judgment or settlement filed against you? If so, how many? _____ ☐ Yes ☐ No
4. Have you ever been convicted, pled guilty or pled nolo contendere for violation of any federal, state, or local law (other than a minor traffic violation)? ☐ Yes ☐ No
5. Are you currently under investigation or the subject of pending disciplinary action by any dental licensing board, health care facility or other entity? ☐ Yes ☐ No
6. Have you ever voluntarily surrendered your license, controlled substance registration or DEA registration? ☐ Yes ☐ No
7. Currently or within the last five years, have you been treated for any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice? ☐ Yes ☐ No
8. Currently or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? ☐ Yes ☐ No
9. Currently or within the last five years have you developed any disease or condition, physical, mental or emotional, that might interfere with your ability to competently and safely perform the essential functions of practice? ☐ Yes ☐ No
10. Has your ability to prescribe controlled substances ever been denied, revoked, suspended, or limited by any hospital, health care facility or other entity? ☐ Yes ☐ No

VI. References

List the names and addresses of three (3) dentists, not related to you, who are willing to write letters of recommendation to support your application for a South Carolina license. You must request that each person listed below write directly to the Board, on letterhead, indicating that you are known to him/her, in what capacity and for how long, and outlining characteristics they believe qualify you for licensure in South Carolina. Your application will not be considered complete until letters of reference from the three dentists identified below and all other materials necessary to support your application have been received.

Name and Address	Phone Number
1.	
2.	
3.	

VII. Affidavit and Release of Applicant

I, _____, of _____, _____,
(Applicant's Name) (City) (State)

being first duly sworn and identified as the person referred to in this application and signed photo, attest to the truth of each statement made in said Application; that I fully realize that the determination as to whether I am admitted to practice dentistry in the State of South Carolina may depend largely on the truth, falsity or completeness of my answers hereinabove set forth; that I will give any further information which may be required concerning my past record but that, to my knowledge, the answers which I have given to the questions hereinabove are true and complete; that I hereby authorize the South Carolina Board of Dentistry, or any agent or authorized representative of, to make a complete investigation of my character and fitness to practice dentistry in South Carolina and of the completeness and truthfulness of my answers hereinabove made, and I hereby release and exonerate any person so authorized, and any person or organization supplying requested information, from liability of any kind resulting from the investigation or furnishing of the information. I further swear that I have read and understand the law and the Rules and Regulations, which regulate the dental professions, and agree to abide by them in the practice as a Dentist in the State of South Carolina.

SIGNATURE OF APPLICANT

DATE _____

Sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC FOR _____

Affix Seal Here, if needed

My Commission Expires: _____

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

Attach Photo Here

Note: Attach a passport-type photograph taken within the last six (6) months.

Print and Sign your name on back of photograph.